

**Department for Mental Health and Mental Retardation Services
Division of Mental Health & Substance Abuse
Driving Under the Influence (DUI)
Training & Certification
100 Fair Oaks Lane, 4E-D
Frankfort, KY 40621-0001
(502) 564-9208 FAX (502)564-9335**

CLINICAL SERVICES SUPERVISION CERTIFICATION APPLICATION

Part I Personal Information

Name: _____

Social Security Number: _____ - _____ - _____

Address (this is the address to which certification results will be mailed):

Telephone Number: _____

Email address: _____

Part II Agency/Program Information

Name of Agency/Program: _____

Name of Program Administrator: _____

Agency/Program Address:

Agency/Program Telephone Number: _____

Part III Clinical Services Supervisor Credentials

Please indicate the category in which you are making application to become a certified instructor and enclose the documents to support your eligibility. ***If your credentials require training hours or clinical work experience you must provide documentation of completion of those hours in Part IV.***

- † A certified alcohol and drug counselor (CADC) certified pursuant to KRS 309.080 to 309.089, who has *4000 hours* of clinical work experience post certification;
- † An individual, who has completed *eighty (80) hours* of training in alcohol and other drug abuse counseling, within four (4) years immediately prior to or within two (2) years immediately after assuming responsibility as an clinical services supervisor in an authorized DUI program who has *4000 hours* of work experience in the alcohol and other drug abuse treatment field post degree and is licensed or certified as one (1) of the following:
 - † Physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance official duties;
 - † Psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;
 - † Licensed psychologist licensed to practice psychology by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.050;
 - † Certified psychologist with autonomous functioning certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
 - † Certified psychologist certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
 - † Psychologist associated certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.064;
 - † Licensed clinical social worker licensed for the independent practice of clinical social work by the Kentucky Board of Social Work in accordance with KRS 335.100;
 - † Certified social worker certified by the Kentucky Board of Social Work in accordance with KRS 335.080;
 - † Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a masters degree in nursing from an accredited college or university and *6000 hours* of clinical experience in psychiatric nursing;
 - † Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a bachelor's degree in nursing from accredited college or university who is certified as an psychiatric and mental health nurse by the American Nurses Association and who has 6000 hours of clinical experience in psychiatric nursing;
 - † Licensed marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists in accordance with KRS Chapter 335;
 - † Licensed professional counselor certified by the Kentucky Board of Licensed Professional Counselors in accordance with KRS 309.130;
 - † Certified professional art therapist certified by the Kentucky Board of Certification for Professional Art Therapists in accordance with the provisions of KRS 309.130.

Part IV Relevant Work Experience

Begin with your present or most recent relevant work experience. If you have moved to a different position within the same agency/program and your duties changed, then describe that work experience separately. Note: Please copy this page to list additional work experience.

Employed – FROM:Month _____ Day _____ Year _____

TO: Month _____ Day _____ Year _____

Title of Position: _____

Name of Employer: _____

Name of Supervisor: _____

Address: _____

City

State

Zip

Telephone Number: _____

Description of Duties: _____

Employed – FROM:Month _____ Day _____ Year _____

TO: Month _____ Day _____ Year _____

Title of Position: _____

Name of Employer: _____

Name of Supervisor: _____

Address: _____

City

State

Zip

Telephone Number: _____

Description of Duties: _____

Part V Clinical Services Supervisor Applicant Statement

This is to certify that I am applying for certification as a clinical services supervisor and that all information on this application and in the attached documents is true and correct. I authorize the investigation of all statements contained in this application as may be necessary to make a decision regarding eligibility for instructor certification.

I have read administrative regulation 908 KAR 1:310 and understand that I am responsible for complying with all program requirements. I further understand and agree to comply with the following additional rules:

1. I shall be responsible for monitoring and directing assessment and treatment services;
2. I shall provide consultation and instruction to clinical staff;
3. I shall refer a client to the program of his choice for education or treatment and refuse to refer a client to another program if it is not in his best interest;
4. I shall not knowingly present false or misleading information to a client or misrepresent the policies or philosophies of the Division of Mental Health and Substance Abuse;
5. I shall not engage in unethical practices and I shall agree to abide by the code of ethics established in DUI Provider Agreement.

I understand that immediate revocation may result from any violation of 908 KAR 1:310 Section 5(5).

Code of Ethics

In order to become a clinical services supervisor, a candidate must:

- Complete this application;
- Submit an official transcript or a notarized copy of your transcript;
- Submit copies of relevant professional licenses and certificates; and
- Submit the training fee with your application. If the training fee is not submitted with the application it will not be considered until payment is received.
- Successfully complete a twelve (12) hour training approved by the Division of Mental Health & Substance Abuse;
- Submit documentation of the required 20 hours of annual training in alcohol and other drug abuse counseling.

For those who successfully complete the training a letter of certification will be issued with 30 days of completion of the training to the address indicated. Those who do not successfully complete the training will also be notified by mail. If you have any questions please contact Ms. Keathley at (859) 622-1227 or by email at Justina.Keathly@eku.edu.

I understand that immediate revocation may result from any violation of 908 KAR 1:310 Section 5 (5)

Signature of Applicant

Date

Signature of Program Administrator

Date

For Division of Mental Health and Substance Abuse Use Only

Reviewed By: _____ Date: _____

☐

Accepted

☐

Not Accepted

Comments: _____
